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CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number 678-512 I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR 66547 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with 66547 Customer Number: OR Firm or Individual Name **Address** City Country Telephone Email I am the: **Applicant/Inventor** Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Ferm PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature President of Samsong Electronics Co., Ltd. Name Date Telephone 2006 NOTE. Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one algrature is required, see below 'Tolal of

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